Case 19-32926-SLM Doc 89 Filed 12/21/22 Entered 12/21/22 18:17:56 Desc Main Document Page 1 of 7

Fill in this informa	ation to identify your o	case:	
Debtor 1	Joe L. Gregory First Name	, Jr. Middle Name	Last Name
Debtor 2	April L. Grego	ry	
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bank	kruptcy Court for the:	DISTRICT OF NEW JERSEY	
Case number 19	9-32926		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
			assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$_	430,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	22,730.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	452,730.00
Par	t 2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	524,364.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	8,781.34
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	850.67
	Your total liabilities	\$	533,996.01
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,448.55
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	6,164.19
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	chedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and	submit this form to

Case 19-32926-SLM Doc 89 Filed 12/21/22 Entered 12/21/22 18:17:56 Desc Main Document Page 2 of 7

Debtor 1 Joe L. Gregory, Jr.
Debtor 2 April L. Gregory

Case number (if known) 19-32926

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____12,259.20

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	iim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	8,781.34
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	8,781.34

Fill in this information to identify your case:	
Debtor 1 Joe L. Gregory, Jr.	
Debtor 2 April L. Gregory (Spouse, if filing)	
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number (If known) 19-32926	Check if this is: An amended filing A supplement showing postpetition chapter
Official Form 106I	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	Supervisor	Not Working
Include part-time, seasonal, or self-employed work.	Employer's name	City of East Orange	Not working
Occupation may include student or homemaker, if it applies.	Employer's address	44 City Hall Plaza East Orange, NJ 07019	
	How long employed t	here? 27 Years	

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 1		or Debtor 2 or on-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	10,503.09	\$	0.00
3.	Estimate and list monthly overtime pay.	3.	+\$ _	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	10,503.0		\$

Official Form 106l Schedule I: Your Income page 1

Case 19-32926-SLM Doc 89 Filed 12/21/22 Entered 12/21/22 18:17:56 Desc Main Document Page 4 of 7

Debte Debte		Joe L. Gregory, Jr. April L. Gregory		Case	e number (if known)	19-3	32926			
				Fo	r Debtor 1		Debtor -filing s		•	
	Cop	y line 4 here	4.	\$_	10,503.09	\$		0.0	0	
5.	List	all payroll deductions:								
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$	1,930.85 853.39 0.00 862.81 1,244.88 0.00 32.50 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.0 0.0 0.0 0.0 0.0 0.0	0 0 0 0 0	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	4,924.43	\$		0.0	0	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	5,578.66	\$		0.0	0	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Tax Refund	8a. 8b. 8c. 8d. 8e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 862.81 7.08	\$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$		0.0 0.0 0.0 0.0 0.0	0 0 0 0 0 0	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	869.89	\$		0.	00	
10.		culate monthly income. Add line 7 + line 9. 1 the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	6	,448.55 + \$_		0.00	= \$	6,4	48.55
11.	Incluothe	e all other regular contributions to the expenses that you list in <i>Schedule</i> and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		.,	•		e J. +\$ _		0.00
		the amount in the last column of line 10 to the amount in line 11. The resule that amount on the Summary of Schedules and Statistical Summary of Certain ies					12.	\$_ Coml	bined	
13.	Do y ■	vou expect an increase or decrease within the year after you file this form? No. Yes. Explain:	•					mont	hly ir	ncome

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:							
	otor 1	Joe L. Gre		'n		Ch	eck if th	ie ie:		
	1	<u>006 H. GI</u>	sgory, o	1.				nended filing		
1	otor 2 ouse, if filing)	April L. G	Gregory						ving postpetition chapter the following date:	ſ
Unit	ed States Bank	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM /	DD / YYYY		
	e number 1 nown)	9-32926								
O	fficial Fo	orm 106J								
S	chedule	J: Your	Expen	ses					12	/1
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.						
Par		ribe Your House	ehold							_
1.	Is this a joi ☐ No. Go to									
	_	es Debtor 2 live	in a separa	ate household?						
	■ N		st file Officia	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ehtor 2			
2.			_	arrom rood 2, Expended	To Coparato Frodo		55101 2.			
۷.	Do you nav	ve dependents?	□ No	Fill out this information for	Dependent's relati	onshin to	D	ependent's	Does dependent	
	Debtor 2.	DEDIOI I AND	Yes.	each dependent	Debtor 1 or Debtor		aç	•	live with you?	
	Do not state	the							□No	
	dependents	names.			Son		2	4	Yes	
									□ No □ Yes	
									□ res	
									☐ Yes	
									□ No	
3.	Do your ex	penses include	_	No	-				☐ Yes	
	expenses d	of people other to d your depende	han 🗖	Yes						
		nate Your Ongoi		•						_
exp	enses as of blicable date.	a date after the	our bankru bankruptc	ptcy filing date unless y y is filed. If this is a supp	ou are using this to elemental <i>Schedule</i>	orm as a s J, check	the box	at the top o	f the form and fill in th	е
the	value of suc	h assistance an		government assistance i luded it on <i>Schedule I:</i> \				V		
(Of	ficial Form 10	061.)					_	Your exp	enses	
4.		or home owners nd any rent for th		ses for your residence. I	nclude first mortgage	e 4.	\$		4,419.19	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
	4b. Prope	erty, homeowner's				4b.	\$		0.00	
		e maintenance, re eowner's associa				4c. 4d.			0.00	
5.				ur residence, such as ho	me equity loans		\$ —		0.00	

Case 19-32926-SLM Doc 89 Filed 12/21/22 Entered 12/21/22 18:17:56 Desc Main Document Page 6 of 7

	otor1 Joe L. Gregory, Jr. otor2 April L. Gregory	Case number (if known)	19-32926
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	350.00
	6b. Water, sewer, garbage collection	6b. \$	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	200.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	400.00
8.	Childcare and children's education costs	8. \$	0.00
9.	Clothing, laundry, and dry cleaning	9. \$	50.00
-	Personal care products and services	10. \$	0.00
10.	Medical and dental expenses	11. \$	100.00
		Π. φ	100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	100.00
12	Entertainment, clubs, recreation, newspapers, magazines, and books	· · · · · · · · · · · · · · · · · · ·	
		13. \$ 14. \$	<u>50.00</u> 50.00
	Charitable contributions and religious donations	14. Ф	50.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	150 ¢	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	245.00
	15d. Other insurance. Specify:	15d. \$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
10	Other payments you make to support others who do not live with you.	\$	0.00
	Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Your Income.	
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify: Auto Maintenance	21. +\$	100.00
	Calculate your monthly expenses		
-	22a. Add lines 4 through 21.	\$	6,164.19
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
		· <u> </u>	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	6,164.19
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	6,448.55
	23b. Copy your monthly expenses from line 22c above.	23b\$	6,164.19
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	284.36
24.	Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? ■ No. □ Yes. Explain here:		crease or decrease because of a

Fill in this info	rma	tion to identify your	case:		
Debtor 1		Joe L. Gregory First Name	Jr. Middle Name	Last Name	
Debtor 2 (Spouse if, filing)		April L. Grego	ry Middle Name	Last Name	
	3ank	ruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19	-32926			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is l	NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
la description of a service of the description of	
chat they are true and correct.	ead the summary and schedules filed with this declaration and
X /s/ Joe L. Gregory, Jr.	X /s/ April L. Gregory
	Transit I Conserved
Joe L. Gregory, Jr.	April L. Gregory
Joe L. Gregory, Jr. Signature of Debtor 1	Signature of Debtor 2